



Arkansas State Board of Chiropractic Examiners

2013 License Renewal for Chiropractic Physicians

1. Complete blank spaces on the form. If corrections are required, line out existing information and print next to it, or attach a separate sheet.
2. Attach copy of 2012 Continuing Education documentation, and license renewal payment.
3. Return by mail: original, signed form; continuing education documents; and payment to
101 East Capitol Ave., Suite 209, Little Rock, Arkansas, 72201

October 30, 2012

2013 Chiropractic License Renewal

☐ \$200 In-State Active Renewal
☐ \$125 Out-of-State Active Renewal
☐ \$100 In-State Inactive Renewal
☐ \$200 Late Fee

Total fees enclosed: \$ _____
Renewal deadline: December 31, 2012

Name/Lic #/Status: _____ NPI Number _____

Acupuncture/Supervisor: _____

Mailing Address

Address 1 _____

Address 2 _____

City/State/Zip _____

County _____

Home No. _____

Cell No. _____

Email _____

Employment

Company _____

Address _____

City/State/Zip _____

County of Employment _____

Business No. _____

Fax No. _____

Have you ever been convicted of a felony? ☐ NO ☐ YES ☐ On file with ASBCE ☐ Conviction/Plea Copy Attached

Act 1489 of 2009: This legislation requires state agencies, boards and commissions that license health professions to procure and report demographic data to the Arkansas Minority Health Commission (AMHC), Arkansas Department of Health (ADH), and Arkansas Center for Health Improvement (ACHI).

Chiropractic College/State _____

City of Residence _____ Gender ☐ M ☐ F

County of Residence _____ Age _____

Place of Birth _____

Race Select

☐ White/Caucasian

☐ Black/African American

☐ American Indian

☐ Alaska Native

☐ Asian

☐ Native HI/Pacific Islander

Ethnicity Select

☐ Non Hispanic/Non Latino

☐ Hispanic/Latino

\$200.00 PENALTY IF POSTMARKED AFTER DECEMBER 31; PENALTY MUST BE INCLUDED WITH RENEWAL FEE

Failure to renew by December 31 means your license shall automatically expire and be forfeited. An individual who submits an application more than sixty days (60) after the license expiration date is subject to all requirements governing new applicants under the Arkansas Chiropractic Practices Act.

I hereby certify that information on this page and on any attachments is true and correct.

Signature

Date

Make checks, cashier checks, or money orders payable to:

Arkansas State Board of Chiropractic Examiners (ASBCE)

Note: A \$25.00 service charge will be applied for returned checks.

The license renewal form is also available online at www.arkansas.gov/asbce.

Keep a copy of this renewal form and the original continuing education documents for your files.

OFFICE USE ONLY

Check No. _____

Amount: _____

Receipt No: _____

101 East Capitol Ave., Suite 209, Little Rock, Arkansas, 72201

P: (501) 682-9015 F: (501) 682-9016

www.arkansas.gov/asbce